# COVID-19 Briefing for Emergency Medical Services (EMS) and 911 Public Safety Answering Points (PSAPs) Parham Jaberi, MD, MPH Chief Deputy Commissioner, Public Health and Preparedness Virginia Department of Health March 17, 2020

This guidance applies to all first responders, including law enforcement, fire services, emergency medical services, and emergency management officials, who anticipate close contact with persons with confirmed or possible COVID-19 in the course of their work.

Thank you for your service. EMS plays a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill persons.

### Slide 2

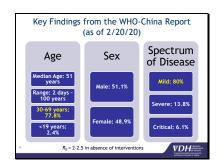
### **COVID-19 OUTBREAK IN CHINA**

Findings Published by the World Health Organization Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19): 16-24 February 2020 Submitted February 28, 2020

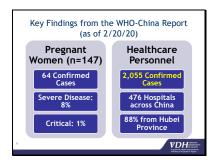
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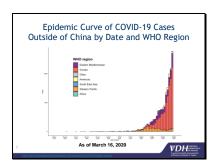
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Confirmed cases through March 16

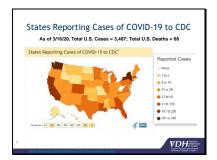
The total number of cases and deaths outside China has overtaken the total number of cases in China. Globally, 167,511 cases have been confirmed, including 6.606 deaths.

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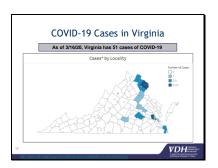
Confirmed cases through March 16

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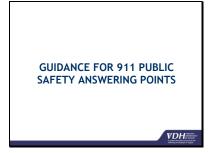
Confirmed cases through March 16

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Confirmed cases through March 16

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# PSAPs or EMD Screening Patients with Respiratory Symptoms

- Have you travelled in the past two weeks, and if so where and when?
- Stay informed with the updated <u>affected geographic</u> regions
- Did you have contact with someone confirmed to have COVID-19?
   Notify possible COVID-10 patients to ENE clinicians.
- Notify possible COVID-19 patients to EMS clinicians before arrival on scene
- Response to ill travelers at US international airports and other ports of entry should be notified to CDC quarantine station of jurisdiction for the port of entry

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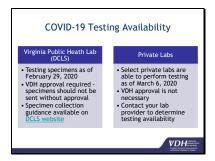
https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-certain-additional-persons-pose-risk-transmitting-2019-novel-coronavirus/

https://www.dhs.gov/news/2020/03/11/homeland-security-acting-secretary-chad-f-wolf-s-statement-presidential-proclamation

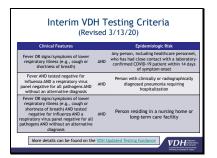


CDC EMS guidance updated 3/10/20.

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Slide 16

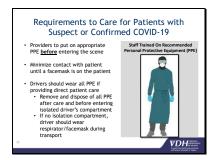


Due to a limited number of tests available, testing performed at DCLS, Virginia's state lab, is reserved for patients who meet VDH's priority investigation criteria on this slide. Other patient's who need COVID-19 testing can be tested through a private lab.

Question: Is there an expedited process to test EMS providers and other healthcare personnel for COVID-19?

Answer: Symptomatic healthcare personnel meet the definition of close contact or exposure, and would be tested for COVID-19 by DCLS, the state public health lab.

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EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should use appropriate PPE.

An N95 or higher-level respirator should be used.

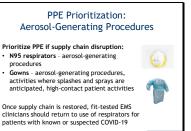
Facemasks are an acceptable alternative until the supply chain is restored.

Eye protection, gown, and gloves continue to be recommended.

Eye protection should cover the front and sides of the face. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

Change gloves if they become torn or heavily contaminated.

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Respirators should be prioritized for procedures that are likely to generate respiratory aerosols.

If there are shortages of gowns, they should also be prioritized for aerosol-generating procedures, and activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher)

### **Aerosol-Generating Procedures**

- Exercise caution if procedures are
- necessary

  Consult with medical control if possible



- Bag valve masks and other ventilator equipment should be equipped with HEPA filtration
- Rear doors of transport vehicle should be opened and HVAC system should be activated during aerosol-generating procedures
- Perform away from pedestrian traffic

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### Clinical Management

- · Currently no specific antiviral treatment
- Prompt infection prevention and control and supportive management of complications is recommended
- Patients with mild illness might not initially require hospitalization
- Signs and symptoms might worsen in 2nd week of illness

  Decision to monitor patient in an inpatient or
  outpatient setting is made on case-by-case basis

  Avoid corticosteroids unless indicated for other reasons

List of treatments and vaccines in development

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### Vaccination and Treatment

- Clinical trials for treatment and vaccines in development
- Treatment
  - Currently no specific antiviral treatment
  - · Supportive care
- Research is ongoing Vaccine
- Currently no vaccine
  - NIH research and development ongoing
     Projected timeline = 12-18 months

List of treatments and vaccines in development

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### **Transporting Suspected COVID-19 Patients**

If a patient with suspected or confirmed COVID-19 needs transported: Provide patient with a facemask

- Call ahead to receiving facility regarding symptoms and risk factors
- Keep the patient separated from other people as much as possible
- possible

  Family members and other contacts of patients should not ride in the transport vehicle, if possible

  If riding in transport vehicle, a facemask should be worn

  Contact your jocal health department to report suspected COVID-19 case

- Keep a log of all clinicians and providers and their level of patient contact

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### Transporting Suspected COVID-19 Patients

- When possible, use vehicles that have isolated driver and patient compartments with separate ventilation to each area 

   Close the door/window between these compartments before bringing the patient on board

  - Vehicle ventilation in both compartments should be set on non-recirculated mode
- recirculated mode

  Only an equipped supplemental recirculating ventilation unit that passes air through HEPA filters may be used for recirculation

  Use rear exhaust fan if equipped on vehicle if no isolated driver and patient compartments nor ventilation are present, open the outside air vents in the driver area and turn on the rear exhaust fans to the highest setting

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### Documentation of Patient Care

- Should be done after EMS clinicians have completed transport, removed and discarded PPE, and performed hand hygiene
  - Written documentation should match verbal information given to ED providers at the time patient was transferred
- Include list of EMS clinicians and public safety providers involved in response and level of contact with the patient (e.g., no contact with patient, provided direct patient care)
  - This documentation may need to be shared with local public health authorities

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### Cleaning EMS Transport Vehicles after Transporting Suspected COVID-19 Patients

- After transport, leave the rear doors of the vehicle open to allow for air changes. Doors should remain open during cleaning.

  When cleaning, wear PPE:
  Disposable gow
  Gloves
  Face shield OR facemask + goggles, if splashes or sprays are anticipated
  Clean and disinfect the vehicle in accordance with SOPs
  Clean and disinfect trevable patient-care equipment
  Follow SOPs for disposal of used PPE and laundering used linen; avoid shaking the linen

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### **Environmental Cleaning**

- Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19
- · Follow the manufacturer's rottow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE)

Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2

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### Guidance on Assessment and Monitoring of Healthcare Contacts

- If COVID-19 is identified, healthcare personnel are assessed and classified as high-, medium-, or low-risk depending on multiple factors

   Exposure duration, patient symptoms, if patient was wearing facemask, aerosol-generating procedures, and type of PPE used by healthcare personnel

   Recommendations for monitoring for COVID-19 and work restrictions depend on exposure risk classification LHD will under which the procedure in the control of the contr
- LHD will work with each facility to outline roles and responsibilities

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### **EMS Employer Responsibilities**

- EMS agencies should develop sick-leave policies for EMS personnel that are non-punitive, flexible, and consistent with public health guidance
- Equipment: Consult ventilator equipment manufacturer to confirm appropriate filtration capability and effect of filtration on positive-pressure ventilation

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### Infection Prevention and Control Actions Needed Now

- Meet with staff to educate and train them on COVID-19 and what to do to prepare
   Ensure staff are trained in correct use of PPE and respiratory protection device use
- Plan to optimize your facility's supply of PPE and EPA-registered hospital grade disinfectants due to ongoing shortages
  - Report any EMS facility supply chain issues to the Regional Healthcare Coalition

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### **Key Reminders**

- All personnel should avoid touching their face while working
- Perform hand hygiene after removing  $\ensuremath{\mathsf{PPE}}$
- EMS personnel should be alert for fever or respiratory symptoms (e.g. cough, shortness of breath, sore throat)
   If symptoms develop, self-isolate and notify occupational health services and/or LHD to arrange for appropriate evaluation

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Here are simple but key reminders for all staff.

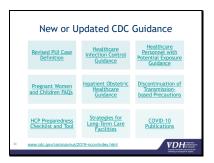
### Help Counter Stigma

- Support people who are coming back to school or work after completing their quarantine or isolation period for COVID-19
  Maintain confidentiality of those seeking health care and those who are part of any contact investigation
  Raise awareness without increasing fear
  Share accurate information about how virus spreads
  Provide social support

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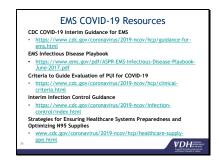
# ADDITIONAL RESOURCES

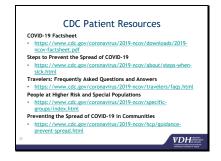
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# VDH Resources for EMS Providers Information for Healthcare Providers • http://www.vdh.virginia.gev/content/uploads/sites/13/2020/03/Provider\_FAQ\_0388200.pdf Interim Guidance for COVID-19 Testing • http://wdhweb/sepi/Nevel%20\_Coronavirus\_2019ncov/VPH%20Updated%20Guidance%20on%20C0VID19%20Testing\_0 3122020\_Intal.pdf Healthcare Personnel Risk Assessment Tool • http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/VDH\_COVID19\_Healthcare\_Personnel\_Risk\_Assessment\_Tool\_3.8.2020.pdf

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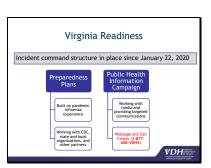


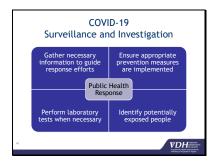




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At an industry event sponsored by the U.S. Chamber of Commerce this week, David E. Short, deputy assistant secretary for aviation and international affairs, said the Trump administration has agreements in place with South Korea and Italy to screen passengers before they leave those countries. <a href="https://www.washingtonpost.com/transportation/2020/03/06/us-is-screening-travelers-china-iran-why-not-italy-south-korea/">https://www.washingtonpost.com/transportation/2020/03/06/us-is-screening-travelers-china-iran-why-not-italy-south-korea/</a>



# Slide 44

### **Knowledge Gaps**

- Source of infection
- Pathogenesis and virulence evolution of the virus
- Transmission dynamics
   Role of aerosol transmission in non-healthcare Role of fecal-oral transmission
   Role of fecal-oral transmission
   Viral shedding
   Risk factors for infection

- Asymptomatic infection
- · Seasonality

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# Take Home Messages

- Prepare your transport vehicles to safely triage and manage patients with respiratory illness, including COVID-19
- Immediately report suspect or confirmed COVID-19 cases to your <u>local health department</u>
- Everyone has a role to play in preparing for COVID-19 in the community
- Direct OEMS questions to <u>Karen.Owens@vdh.virginia.ge</u>

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